

Name
In
Full

Mildred L. Adams

CERTIFICATE OF DEATH

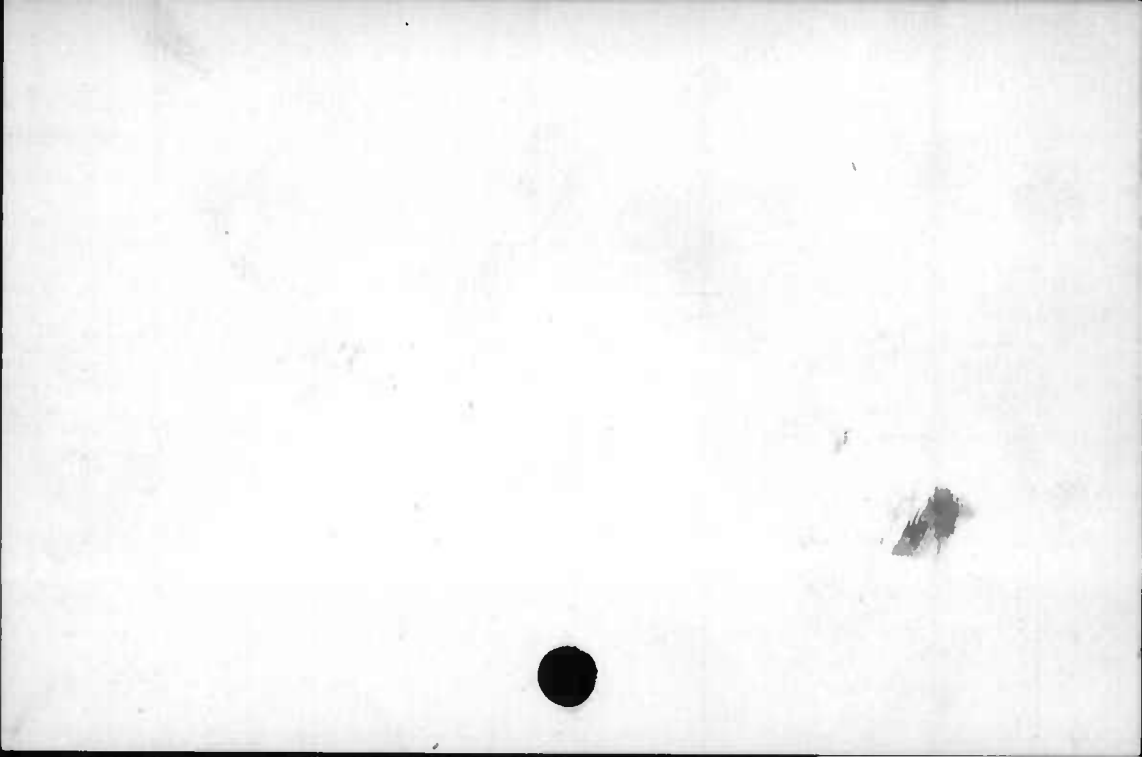
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1906	Month <i>Dec</i>	Day <i>12th</i>	Age <i>2</i>	Years	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>Child</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Sidney Adams</i>				Father's Birthplace <i>Baltimore Md.</i>			
Mother's Maiden Name <i>Olivia O Phillips</i>				Mother's Birthplace <i>Taylor's Island Md.</i>			
Name of person giving information <i>Sidney Adams</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis & Measles</i>	How long <i>Some weeks</i>
Immediate <i>Doubt Pneumonia Complications</i>	How long <i>Some days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. E. L. Brown</i>
	Address <i>Cambridge Ma</i>
Accident or Suicide?	



Name
is
Full

CERTIFICATE OF DEATH

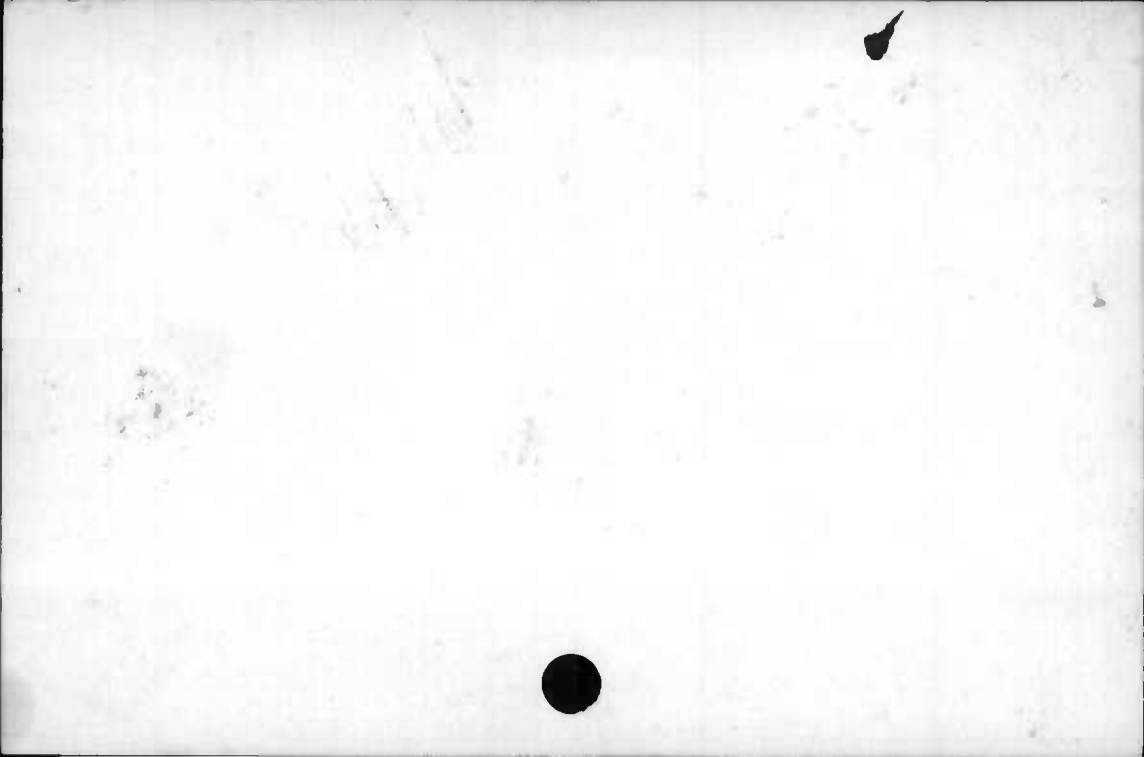
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John R. Brannock</i>		Town <i>Antioch</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
1906		Dec.		30		50	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Antioch</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>John Brannock</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Emma Skinner</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Robert H. Brannock</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>6</i>
Immediate <i>Paralysis</i>	How long <i>short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Woods</i>
	Address <i>Cowdley, Md</i>
Accident or Suicide?	



Name
in
Full

Brinsfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brookview ^{Town} Dor ^{County} MARYLAND

Date of death 1906 ^{Month} 12 ^{Day} 9 ^{Age} — ^{Years} — ^{Months} — ^{Days} 9

Sex Male Color or Race white Birth-place Co

Occupation Child Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Robt Brinsfield Father's Birthplace Co

Mother's Maiden Name Sellers Mother's Birthplace Co

Name of person giving information A. J. Schick How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions How long 3 days

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Brookview

Address Vienna

Accident or Suicide? Yes



Name
In
Full

CERTIFICATE OF DEATH

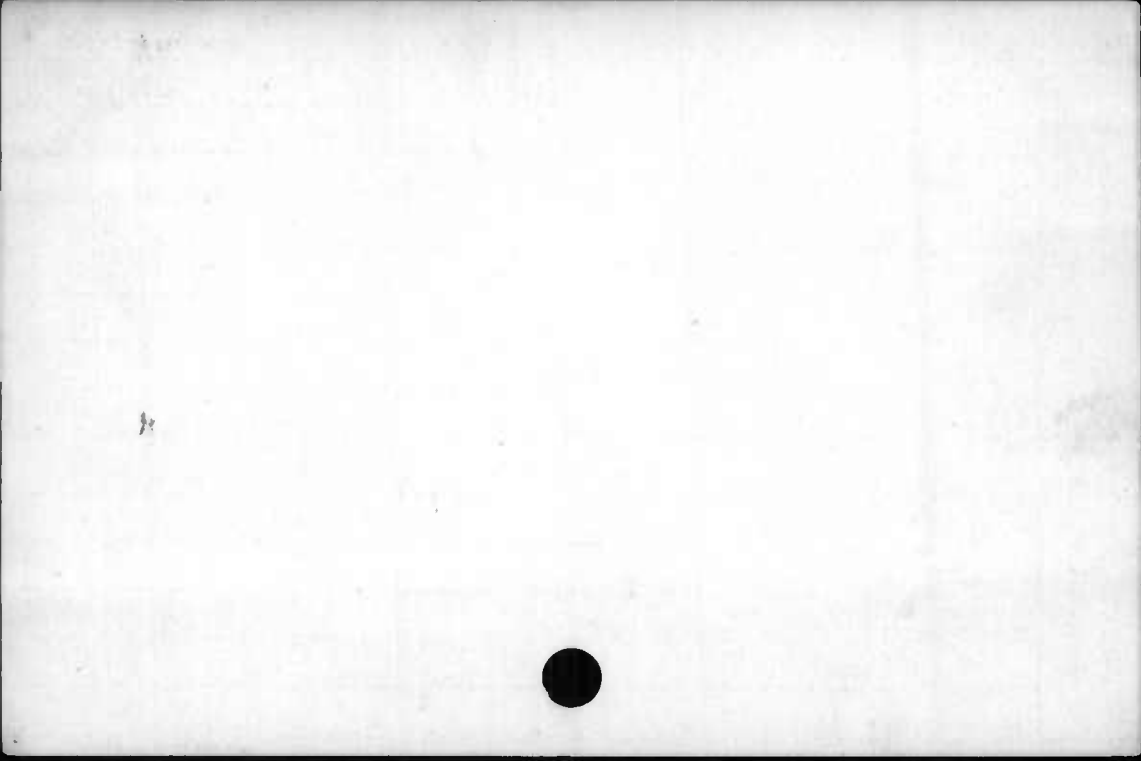
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i>		Town <i>Church Creek</i>		County <i>Dorchester</i>		MARYLAND					
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>19</i>		Age <i>77</i>		Months <i>2 month</i>		Days <i>7 days</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co</i>							
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Church Creek</i>							
Married, Single or Widowed				Name of Wife or Husband <i>Thomas J. Byus</i>							
Father's Name <i>Walter Kirby</i>				<div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">64</div>				Father's Birthplace <i>Dorchester Co</i>			
Mother's Maiden Name <i>Annie Mills</i>								Mother's Birthplace <i>Dorchester Co</i>			
Name of person giving information <i>Annie E. Richardson</i>								How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>		How long <i>about a week</i>	
Immediate <i>Formation of Hematoma</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor Lawson</i>	
		Address <i>Cambridge, Md.</i>	
Accident or Suicide?			



Name
in
Full

Anna Elizabeth Cephas

CERTIFICATE OF DEATH

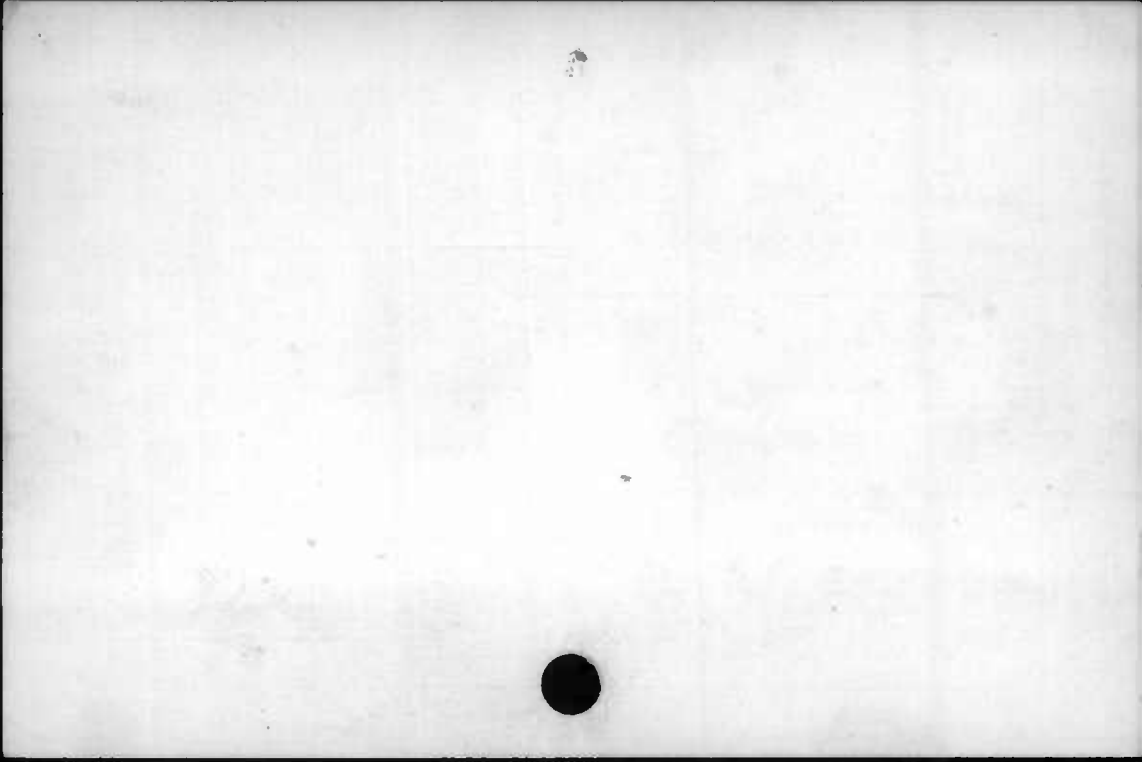
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>12</u>	Day <u>10</u>	Age <u>11</u> Years	Months <u>9</u> Days
Sex <u>Female</u>	Color or Race <u>Blk</u>		Birth-place <u>Ind</u>		
Occupation <u>Child</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>John H. Cephas</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Josephine Jackson</u>	Mother's Birthplace				
Name of person giving information <u>John H. Cephas</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bronchus - Pneumonia</u>	How long <u>92</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Woff</u>
	Address <u>Cambridge, Ind.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

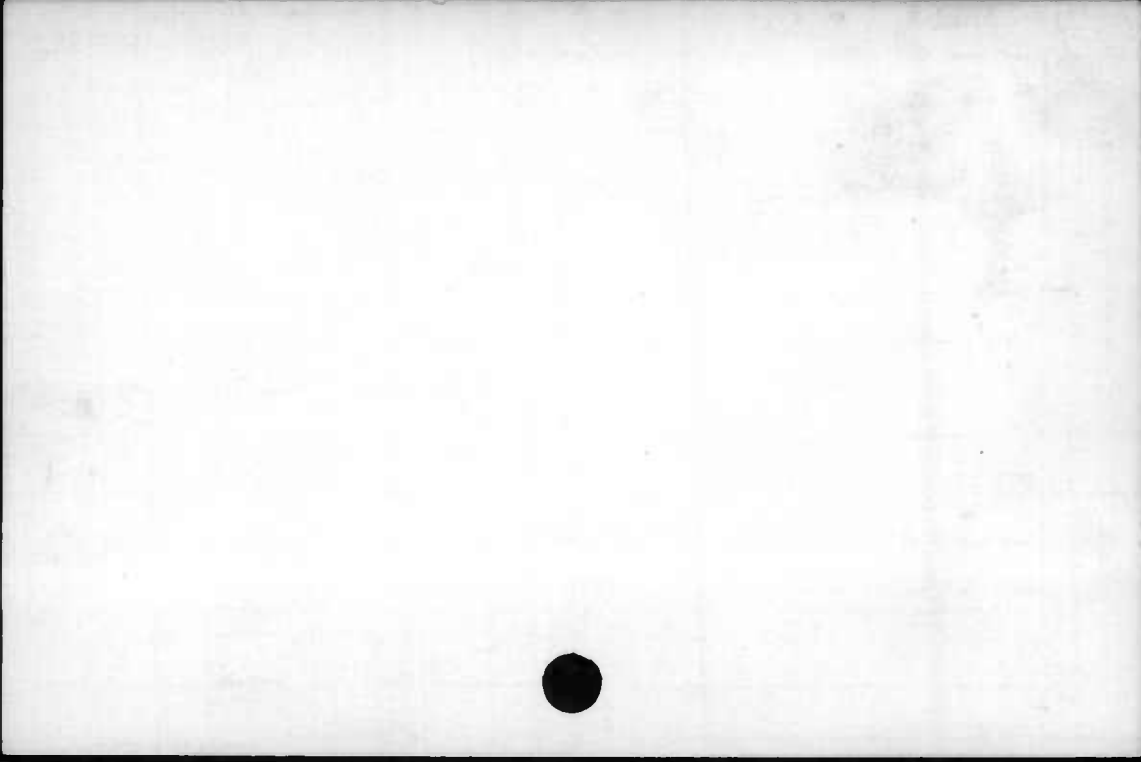
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary F. Chamberlin</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>East New Market</i>		Month <i>12</i>		Day <i>23</i>		Age <i>44</i>	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Dorchester</i>	
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>Same as above</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>J. B. Chamberlin</i>					
Father's Name <i>John Frazier</i>		Father's Birthplace <i>Same as above</i>					
Mother's Maiden Name <i>Mary Weil</i>		Mother's Birthplace <i>Same as above</i>					
Name of person giving information <i>Husband</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Tuberculous Laryngitis</i>	How long	<i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward L. Jones</i>	
<i>Yes</i>		Address <i>E. N. Morter, Md.</i>	
Accident or Suicide?			



Name
in
Full

Gracie Frampton

CERTIFICATE OF DEATH

Diad at *Cambridge* Town *Dorchester* County **MARYLAND**

Date of death *1906* Month *Dec* Day *13* Age *28* Years Months *7* Days

Sex *Female* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

~~Married~~, Single or Widowed Name of Wife or Husband

Father's Name *Mr Bradford Frampton* Father's Birthplace *Cambridge*

Mother's Maiden Name *Hennie Tucker* Mother's Birthplace *"*

Name of person giving information *Mother* How related to deceased

CAUSES OF DEATH

Primary *Measles in an imbecile* How long *6* *Some days - Since birth*

Immediate *Pneumonia & Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *B W Glendon*

Address *Cambridge, Ma*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Unknown White man called Frank

CERTIFICATE OF DEATH

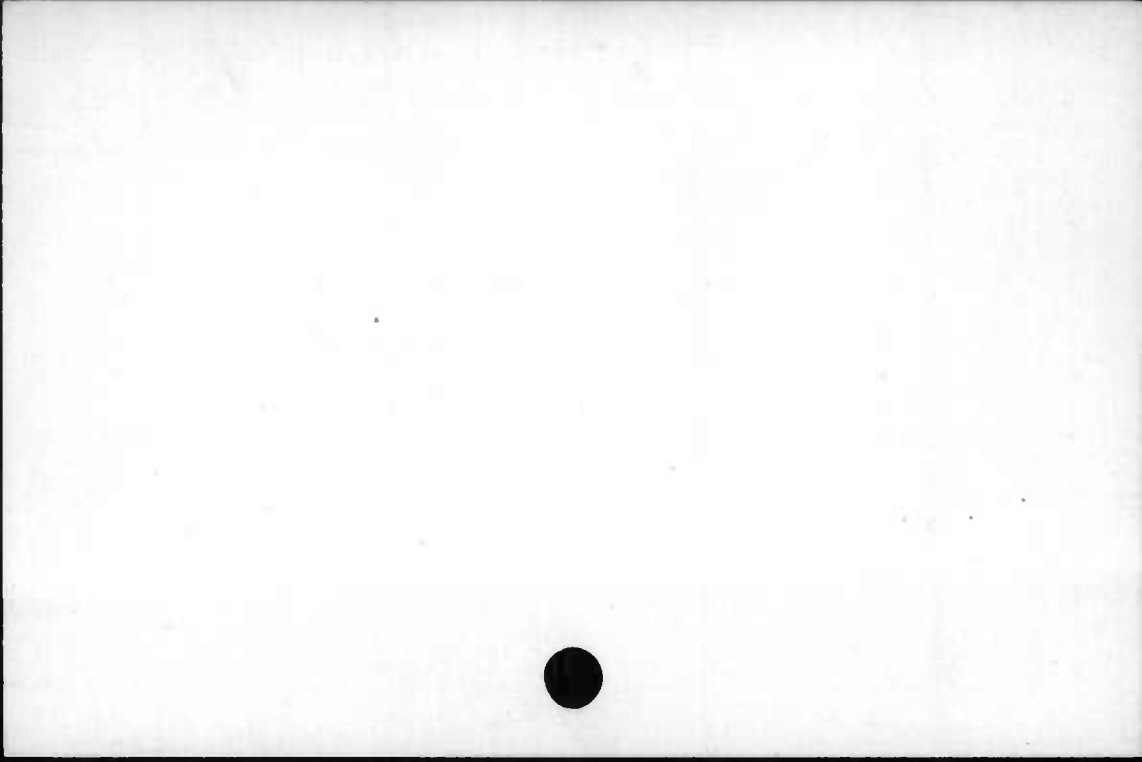
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoopersville</u>		County <u>Dorchester</u>		MARYLAND	
Date of death	190 <u>6</u>	Month <u>Dec</u>	Day <u>5th</u>	Age <u>not known (about 55 yrs.)</u>	Years <u>Months</u> <u>Days</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>not known</u>			
Occupation <u>(not known) not a Sailor</u>	Where Residing if not at place of death <u>do not know</u>				
Married, Single or Widowed <u>do not know</u>	Name of Wife or Husband <u>do not know</u>				
Father's Name <u>_____</u>	Father's Birthplace <u>_____</u>				
Mother's Maiden Name <u>_____</u>	Mother's Birthplace <u>_____</u>				
Name of person giving information <u>Jas. W. Parker</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Evidently angina pectoris</u>	How long	<u>do not know</u>
Immediate	<u>Cardiac syncope</u>	How long	<u>_____</u>
Are the name, age, sex, color, date and place correctly given above?	<u>not given</u>	Signature of Physician	<u>W. B. Houston acting coroner's physician</u>
		Address	<u>Fishing Creek Md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hannie E. Hargis</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Cambridge</i>		Month <i>Dec</i>		Day <i>17</i>		Age <i>9</i> Months <i>7</i> Days	
Date of death <i>1906 Dec 17</i>		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation				Where Residing if not at place of death <i>Cambridge md</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Laura E. Hargis</i>					
Father's Name <i>John W. Hargis</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Laura E. Hartman</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Laura E. Hargis</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Pneumonia</i>	How long <i>Some days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. E. Hargis</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	

Barry

Name
In
Full

Sam Harps

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge^{County} Dorchester

MARYLAND

Date of death 1906 Dec. 28thAge 65⁻

Months

Days

Sex Female

Color or Race White

Birth-place Maryland

Occupation Housewife

Where Residing if not at place of death Baltimore ?

Married, Single or Widowed Widow

Name of Wife or Husband William Harps

Father's Name Spencer McCotter

Father's Birthplace Maryland

Mother's Maiden Name Betsy Fitzhugh

Mother's Birthplace "

Name of person giving information Henry Prine

How related to deceased Sister

CAUSES OF DEATH

Primary Tuberculosis of Bones

(29th)

How long Some months

Immediate E. Launkin

How long Some days

Are the name, age, sex, color, date and place correctly given above? 3

Signature of Physician Dr. E. Launkin

Address Cambridge Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Daniel Hubbard

CERTIFICATE OF DEATH

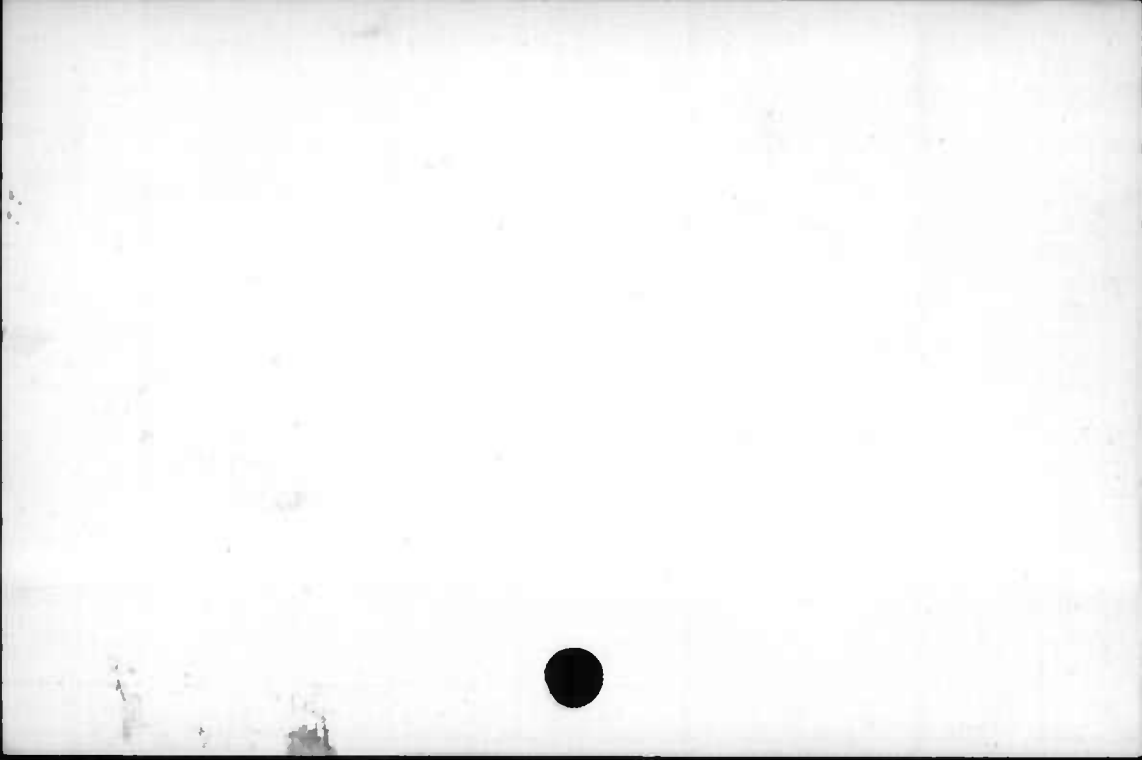
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spring</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>Dec.</i> <small>Day</small> <i>9</i>		Age <i>41</i> <small>Years</small>		Months <small>Days</small>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth place <i>Dorchester Co., Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Daniel Hubbard</i>		Father's Birthplace <i>Dorchester Co., Md.</i>			
Mother's Maiden Name <i>Eloiza A. Collins</i>		Mother's Birthplace <i>Dorchester Co., Md.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Bright's Disease</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward H. Jones</i>
	Address <i>East New Market, Md.</i>
Accident or Suicide?	



Name
in
Full

Hollis M. Hubbard

CERTIFICATE OF DEATH

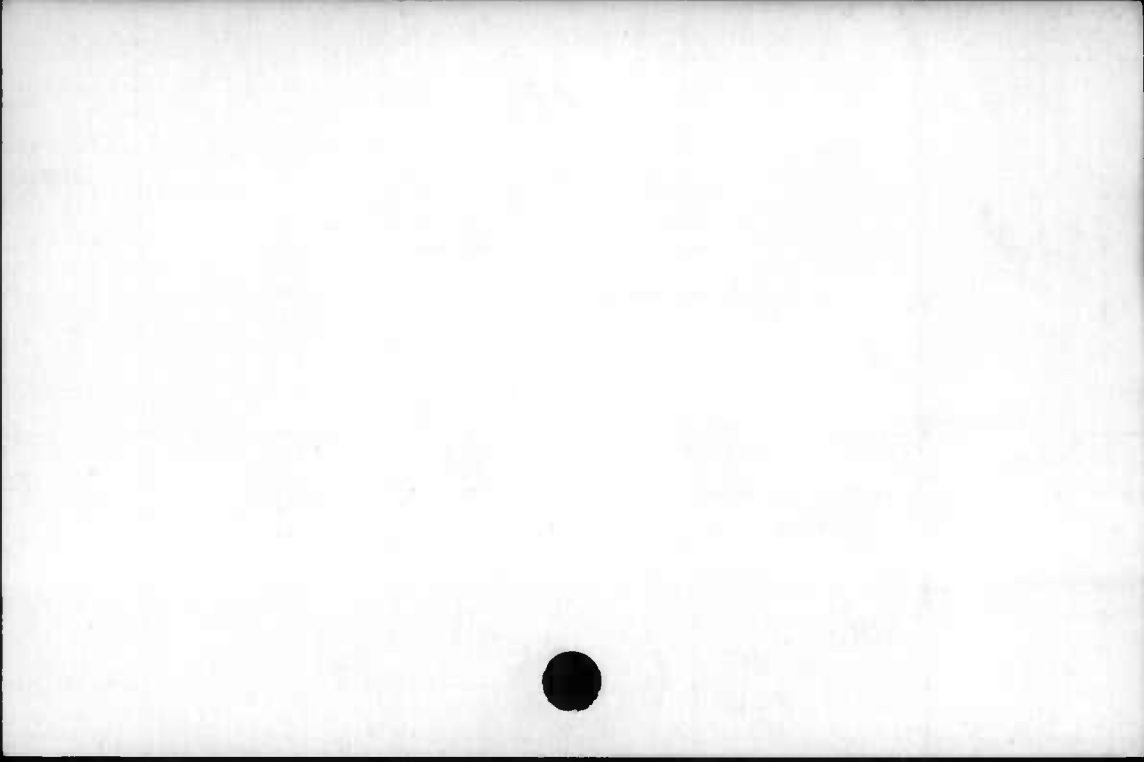
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Cambridge</i>			^{County} <i>Dorchester</i>			MARYLAND		
Date of death <i>1906</i>		^{Month} <i>Dec.</i>		^{Day} <i>2</i>		^{Years} <i>1</i>		^{Months} <i>—</i>
				^{Age} <i>1</i>				^{Days} <i>14</i>
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Cambridge Md</i>		
Occupation <i>—</i>				Where Residing if not at place of death <i>Cambridge Md</i>				
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>				
Father's Name <i>Wm H. Hubbard</i>						Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Maria L. Asplin</i>						Mother's Birthplace <i>"</i>		
Name of person giving information <i>Wm H. Hubbard</i>						How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles & Whooping Cough</i>	How long <i>6</i>
Immediate <i>Double Pneumonia.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E E Waloff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name
in
Full

Marian Hurlock

CERTIFICATE OF DEATH

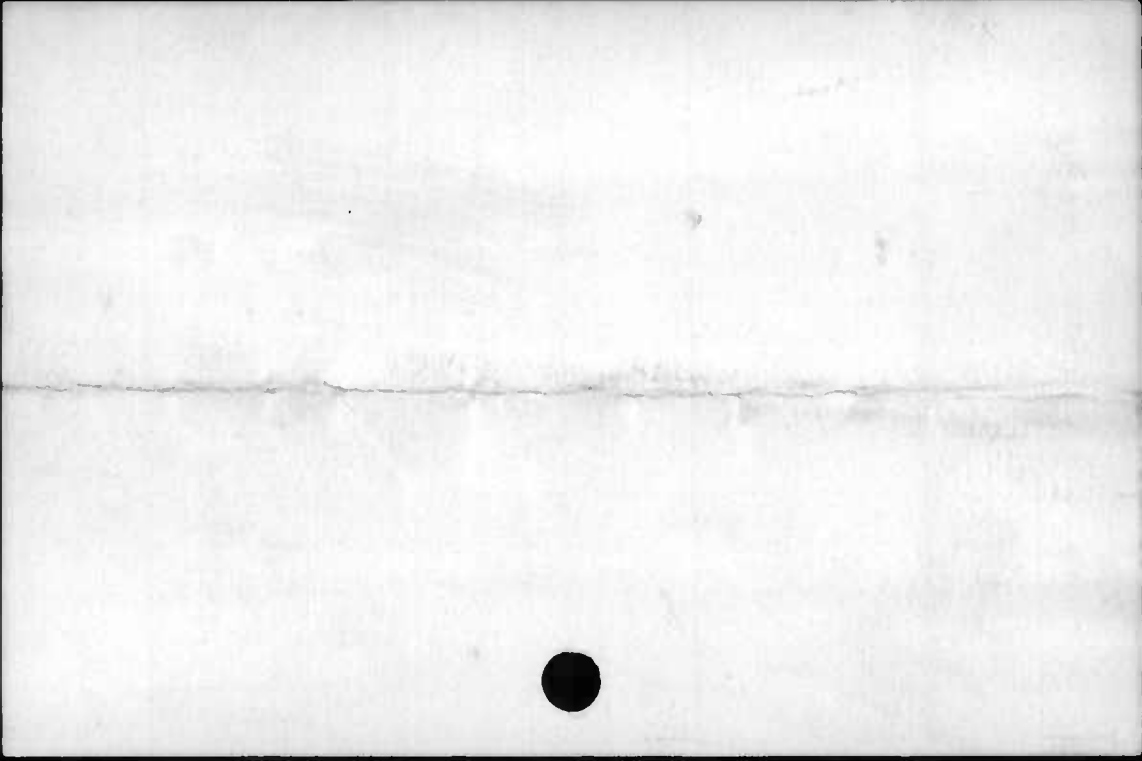
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bulah</u> Town			<u>Dorchester</u> County			MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	21		21	8	2
Sex <u>Female</u>		Color or Race <u>W</u>		Birth-place <u>Same</u>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <u>William Hurlock</u>				Father's Birthplace <u>W</u>			
Mother's Maiden Name <u>Ida Glades</u>				Mother's Birthplace <u>W</u>			
Name of person giving information <u>Wm Hurlock</u>				How related to deceased <u>Sister</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

PHYSICIAN OR CORONER	Primary	<u>Intestinal Indigestion</u>	How long	<u>105</u> months
	Immediate	<u>Same</u>	How long	_____
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Raymond D. Moore</u>	
			Address <u>Preston</u>	
Accident or Suicide? _____				



Name
in
Full

CERTIFICATE OF DEATH

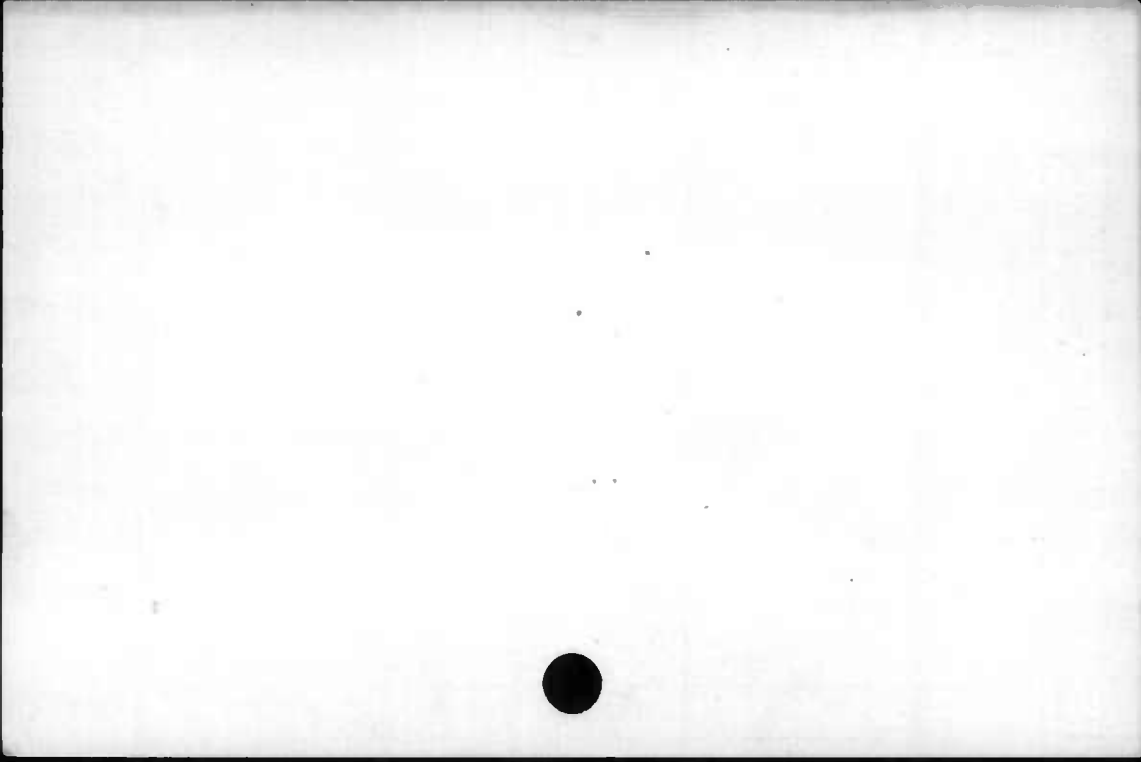
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Lakeville</i>			County <i>Dorchester</i>			MARYLAND		
Date of death <i>1906</i>		Month <i>12</i>	Day <i>29</i>	Age <i>38</i>	Years <i>38</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>			Birth-place <i>W. Mass.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband						
Father's Name <i>S. M. Forsley</i>		Father's Birthplace <i>W. Mass.</i>						
Mother's Maiden Name <i>Lena Pearson</i>		Mother's Birthplace <i>W. Mass.</i>						
Name of person giving information <i>L. W. Forsley</i>		How related to deceased <i>Brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>(n) Tuberculosis of Lungs</i>	How long <i>12 months</i>
Immediate <i>(n) Malaria</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>Chapin road Lakeville</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

P.O. <i>Cambridge</i> Town		County <i>Worcester</i>		MARYLAND	
Died at					
Date of death	1906	Month	12	Day	28
		Age	20	Years	1
		Months	1	Days	25
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>housewife</i>		Birth-place	<i>Wm. Co. Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>Alfred Jackson</i>			Father's Birthplace	<i>Wm. Co. Md.</i>
Mother's Maiden Name	<i>Alice Jackson</i>			Mother's Birthplace	<i>Wm. Co. Md.</i>
Name of person giving information	<i>Alfred Jackson</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

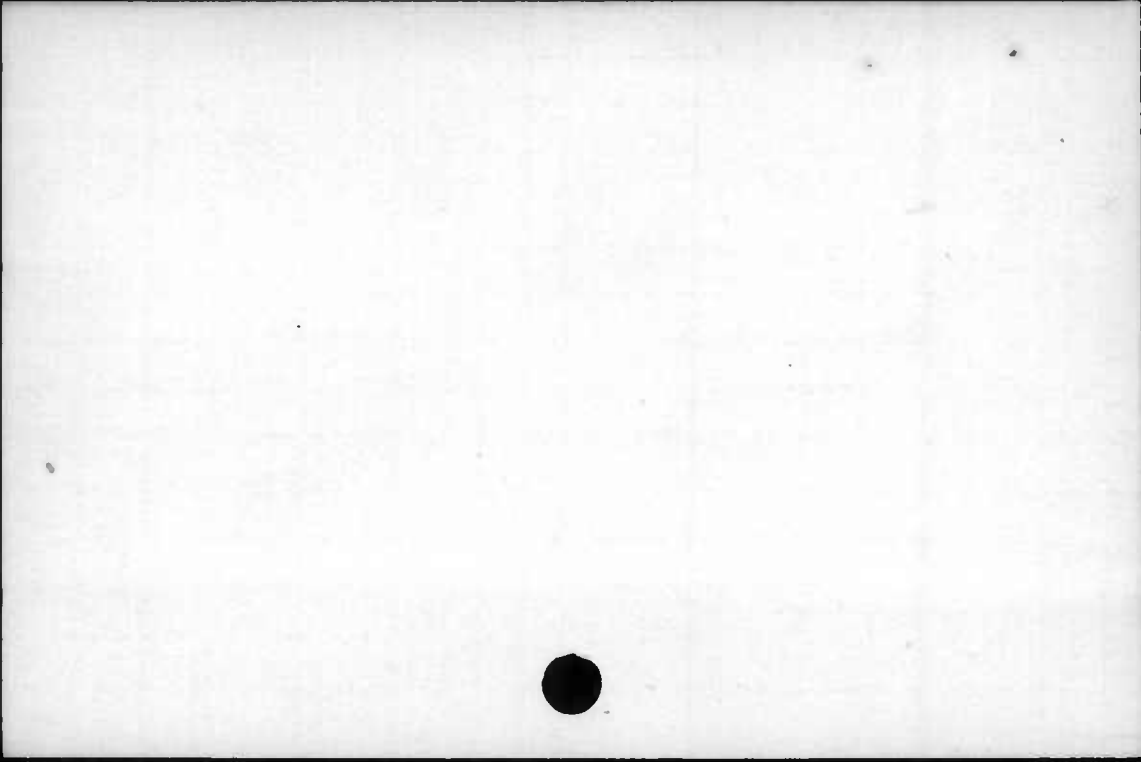
PHYSICIAN
OR CORONER

Primary	<i>typhoid fever with Pneumonia</i>	How long	<i>8 weeks</i>
Immediate	<i>terminal heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm. Stuck</i>
		Address	
Accident or Suicide?			



E

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hawkeye</i> Town		<i>Dor, County</i> County		MARYLAND
	Date of death <i>1906</i>	<i>Decem</i> Month	<i>9th</i> Day	<i>60</i> Age	Months Years
	Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>do not know</i>	
	Occupation <i>Farmer</i>	Where Residing if not at place of death <i>near Hawkeye</i>			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary</i>			
	Father's Name <i>Gas Jones</i>	Father's Birthplace			
	Mother's Maiden Name <i>Mariah Stanley</i>	Mother's Birthplace			
	Name of person giving information <i>H H Willoughby</i>	How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		<i>Apoplexy</i>		
	Immediate		<i>How long</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>had none</i>		
	Accident or Suicide?		Address <i>Wm L Abdele</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at

Sarah Louisa Jones

Town

Cambridge

County

Dorchester

MARYLAND

Date

of death 1906

Month

June

Day

25th

Years

Age

40

Months

10

Days

26

Sex

Female

Color or
Race

Colored

Birth-
place

Dorchester Co

Occupation

laundress

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Josiah Jones

Father's
Name

Edward James

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Willie Nichols

Mother's
Birthplace

Cambridge Md

Name of person giving
information

Thos James

How related
to deceased

Bro

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

17 mos

Immediate

Sapraemia

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

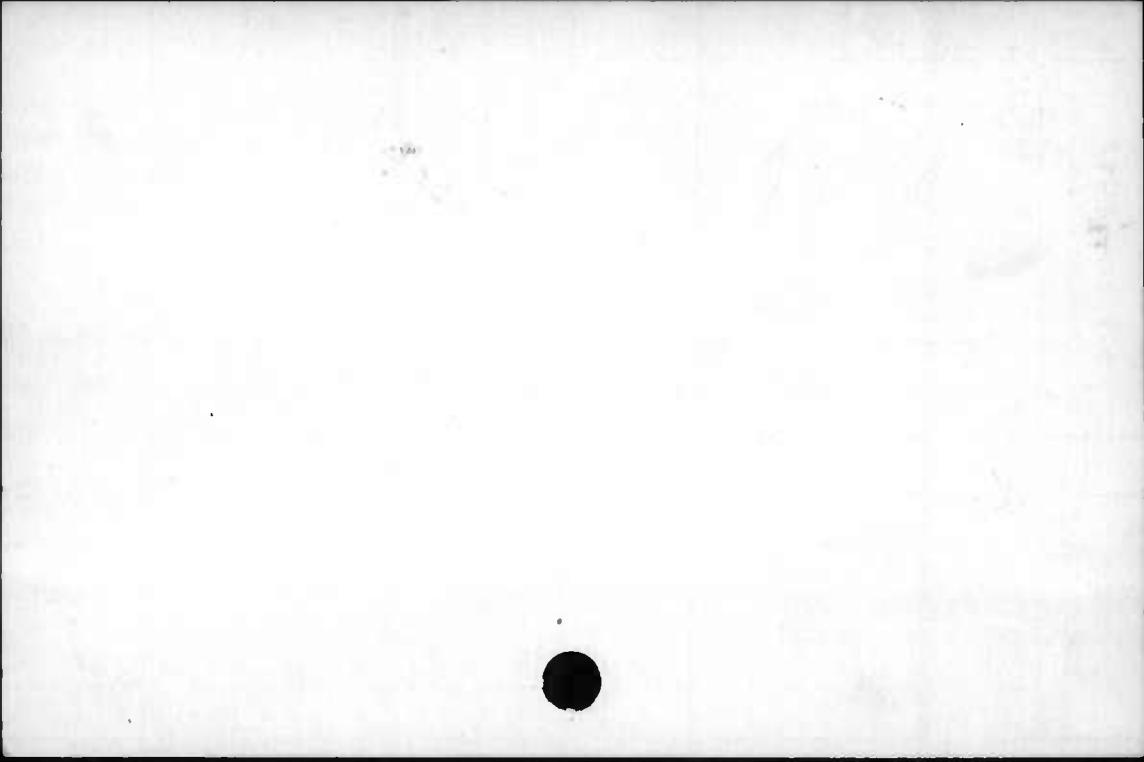
Ester P. Reynolds M.D.

Address

Cambridge Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Mary Elizabeth Killen

CERTIFICATE OF DEATH

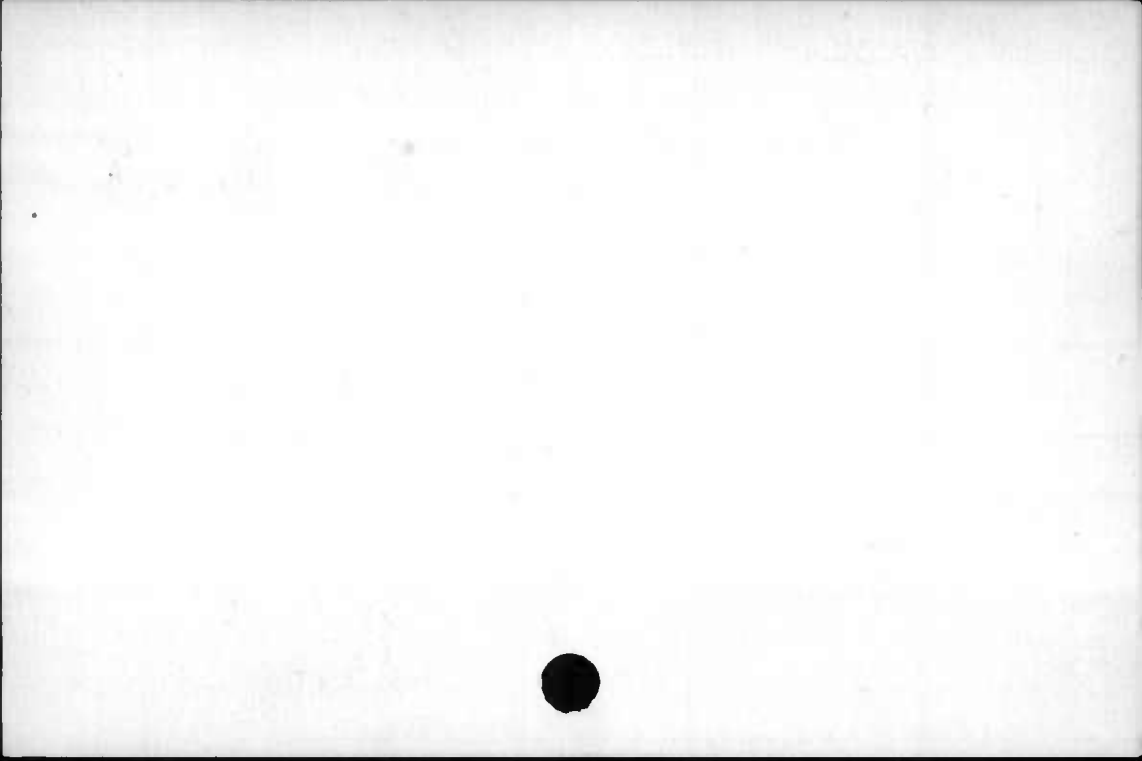
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge		^{County} Dorchester		MARYLAND	
Date of death	1906	Month	Dec.	Day	14
Age	1	Years	2	Months	22
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			George E. Killen		
Father's Birthplace			Maryland		
Mother's Maiden Name			Mary A. Marvel		
Mother's Birthplace			"		
Name of person giving information			George E. Killen		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough & Pneumonia	How long	1
Immediate	Silent Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolf	
Address		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Annie E. Lane

CERTIFICATE OF DEATH

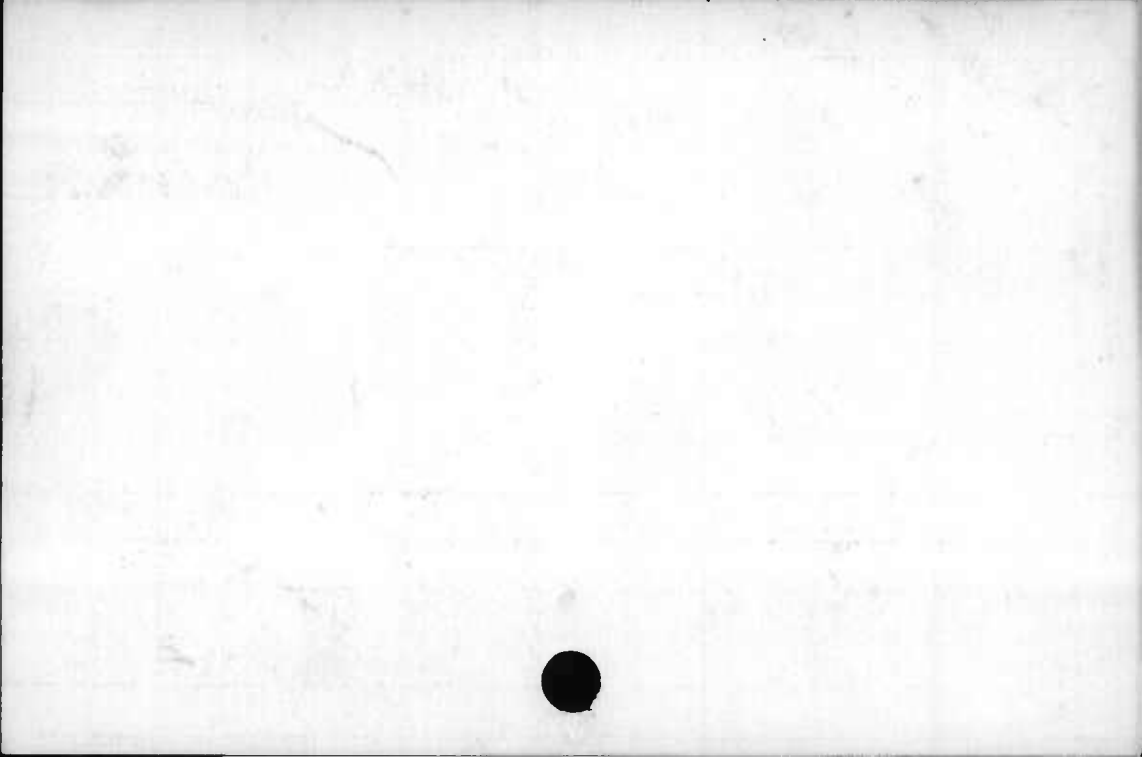
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1904	Month <i>Dec</i>	Day <i>30th</i>	Age	<i>5-3</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Maryland</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			<i>Secretary</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>George W. Lane</i>				
Father's Name	<i>Dean Skinner</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Missie LeCompte</i>					Mother's Birthplace	<i>4</i>
Name of person giving In formation	<i>W. E. Carey</i>					How related to deceased	<i>Brother in Law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pyosalpingitis Double</i>	How long	<i>13th Some months</i>
Immediate	<i>Septicaemia + pneumonia</i>	How long	<i>Some days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. E. L. Brown</i>	
		Address	
		<i>Cambridge, Ma</i>	
Accident or Suicide?			



Name
In
Full

Jas. H. Manning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cambridge Town

Orchester County

Date of death 1906 Dec

Day 31

Age 68

Months

Days

Sex Male

Color or Race

wh.

Birthplace

Orchester

Occupation

farmer

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Clara Dayton

Father's Name

Anthony Manning

Father's Birthplace

Orchester

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Eda Manning

How related to deceased

daughter in law

CAUSES OF DEATH

Primary

Tuberculosis

How long

8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yfr

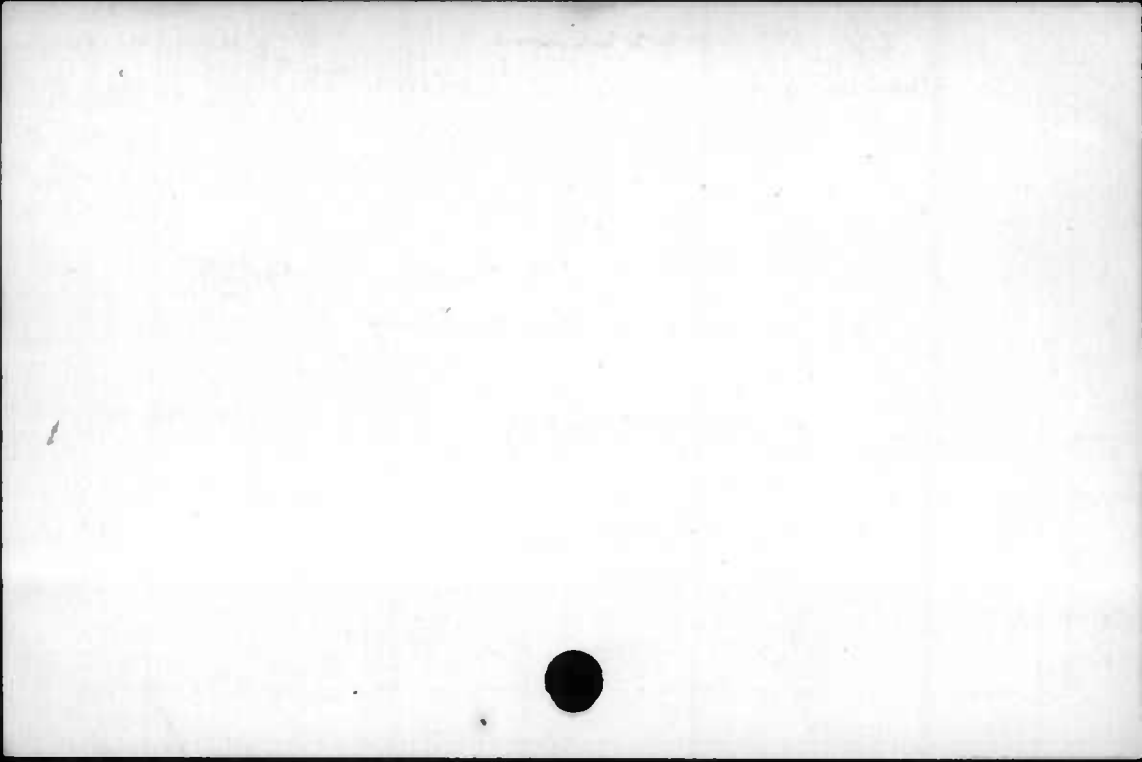
Signature of Physician

R. H. Steele

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

Ira Marshall

CERTIFICATE OF DEATH

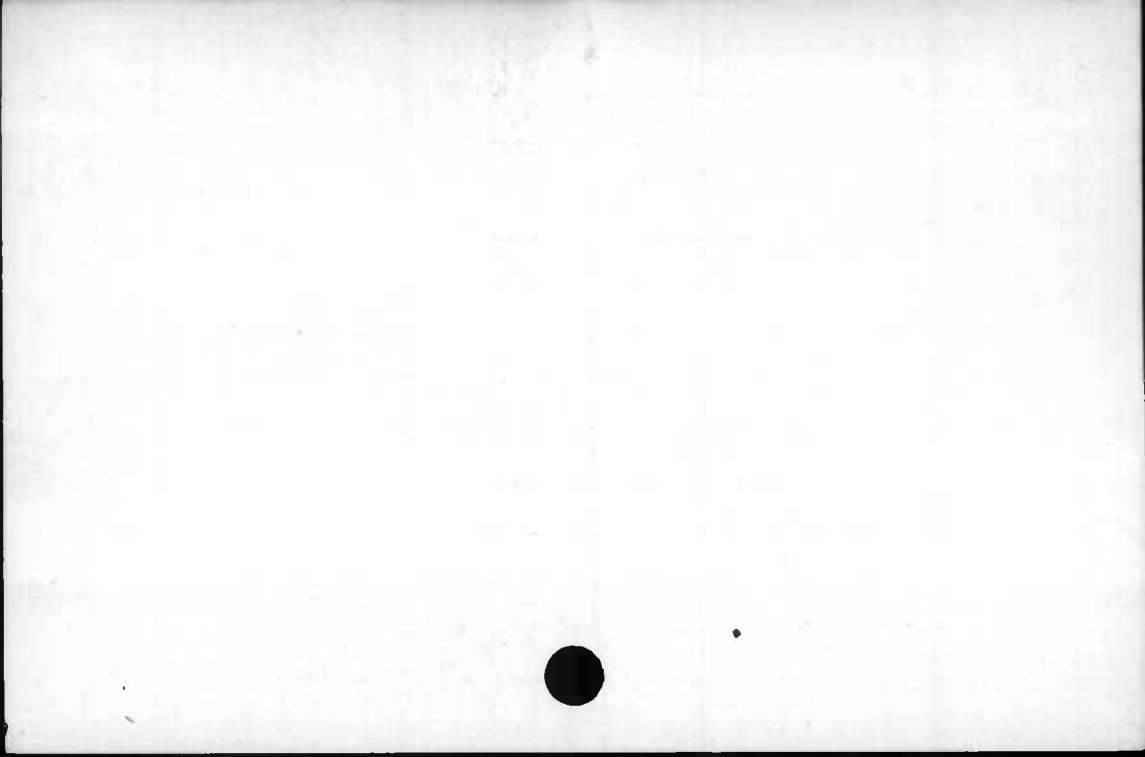
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Vienna</i>			County <i>Dor</i>		MARYLAND	
Date of death	1906	Month <i>Dec</i>	Day <i>3</i>	Age	Years <i>14</i>	Months <i>9</i> Days <i>5</i>
Sex	<i>man</i>		Color or Race	<i>white</i>		Birth-place <i>Co</i>
Occupation	<i>School</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name	<i>Jos P. Marshall</i>				Father's Birthplace	<i>Co</i>
Mother's Maiden Name	<i>Lizzie Callender</i>				Mother's Birthplace	<i>Co</i>
Name of person giving information	<i>Jack</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pott's disease</i>		How long	<i>5 or 6 yrs</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>W. B. ...</i>
			Address	<i>Vienna</i>
				<i>Mo</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

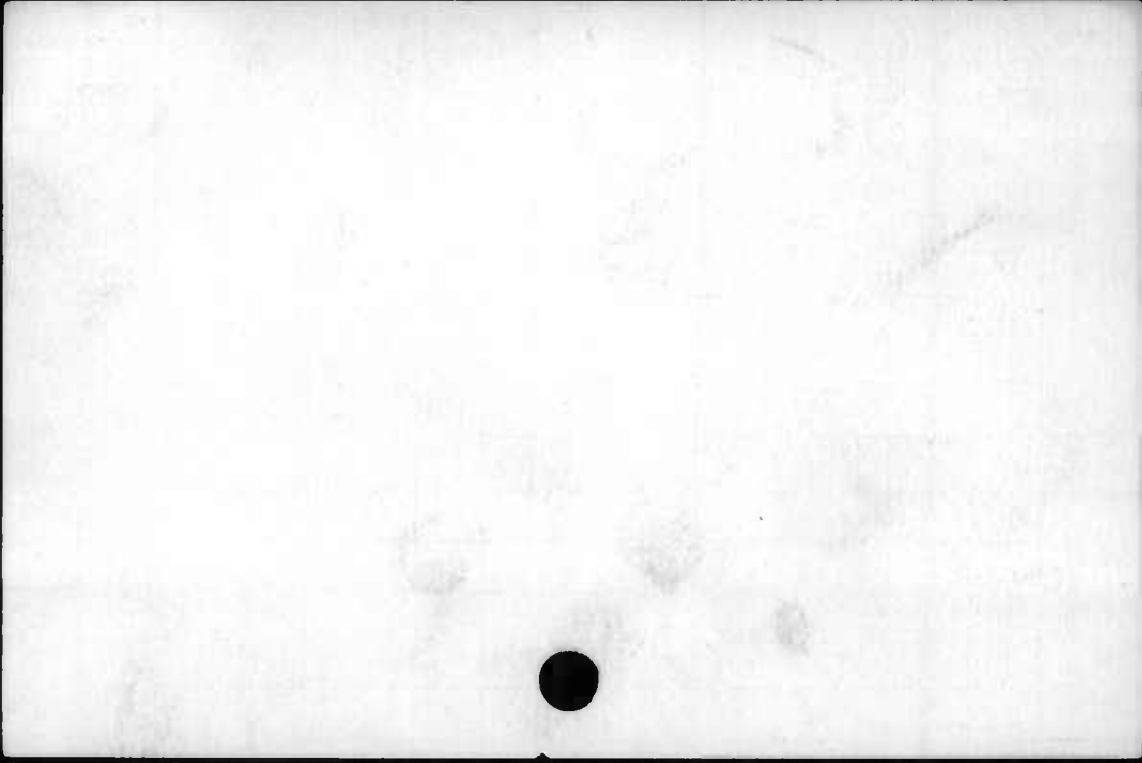
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town <u>Dorchester</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>22</u>	Months <u>5</u> Days
Sex <u>Male</u>	Color or Race <u>American</u>	Birth-place <u>Cambridge</u>	
Occupation <u>Infant</u>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Edward Marshall</u>	Father's Birthplace <u>Secotan,</u>		
Mother's Maiden Name <u>Clara Bassett</u>	Mother's Birthplace <u>Danvers,</u>		
Name of person giving information <u>Clara Marshall</u>	How related to deceased <u>Mother</u>		

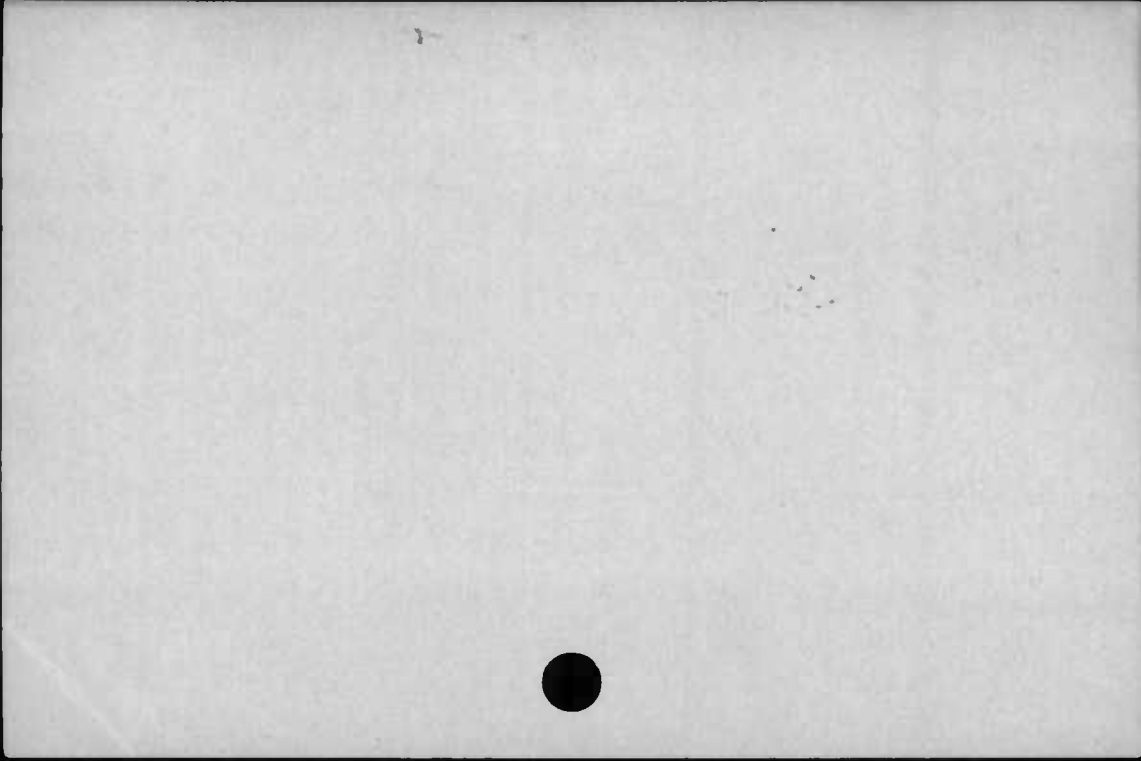
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pertussis + Marasmus</u>	How long
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. W. Boeff</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide?	



Name in Full		Wm W Marshall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Hells Point		Borchester		MARYLAND		
		Date of death		1906	Month	Dec	Day	21
		Age		66	Years	6	Months	20
		Sex		Male	Color or Race		White	Birthplace
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Farmer		Where Residing if not at place of death		
		Married, Single or Widowed		Married		Name of Wife or Husband		
		Abitha Marshall		Father's Name		Jno Marshall		
		Mother's Maiden Name		Sarah Spedden		Father's Birthplace		Hudson
		Name of person giving information		Abitha Marshall		Mother's Birthplace		James Md
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		Abitha Marshall		How related to deceased		
		Wife		CAUSES OF DEATH				
		Primary		Angina pectoris		How long		10 days
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S A Stokes
TO BE ANSWERED BY PHYSICIAN OR CORONER		Address		R F b #5 Cambridge Md				
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

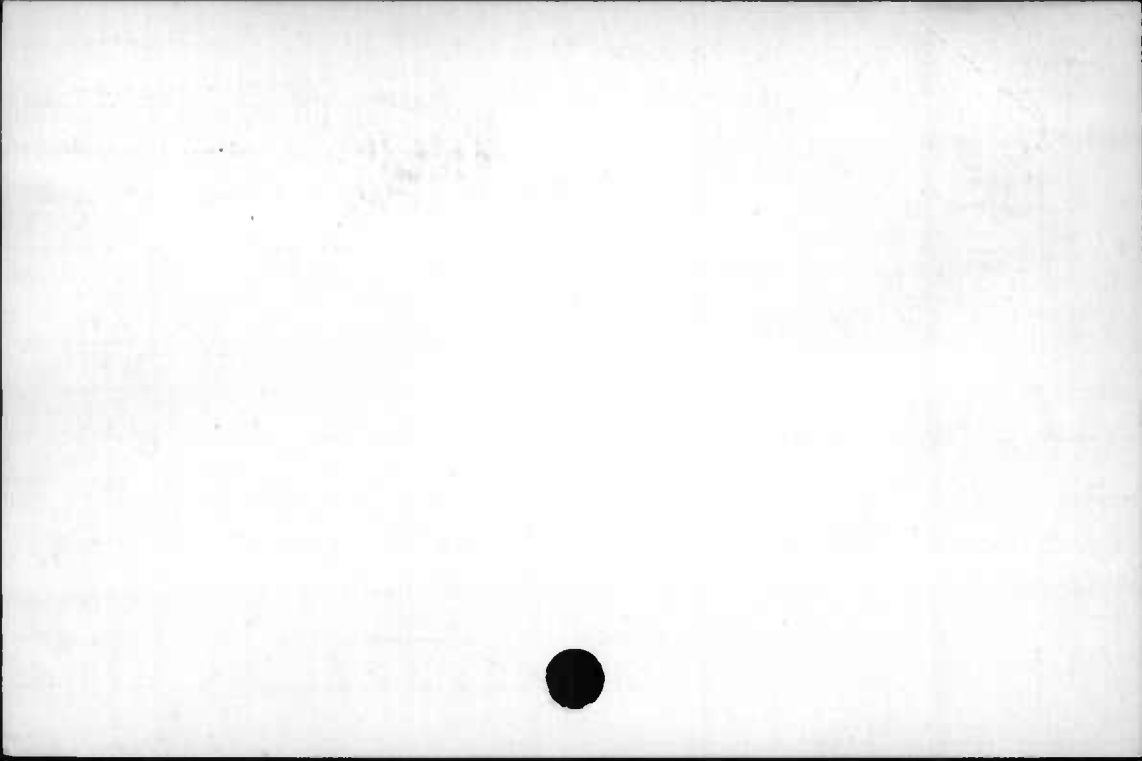
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm Milington</i>		Town <i>Labnicruth</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Labnicruth</i>		Month <i>12</i>		Day <i>4</i>		Age <i>70</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Australia</i>			
Occupation <i>Labor</i>		Where Residing If not at place of death					
Married, Single <i>Single</i>		Name of Wife or Husband <i>Pamie Carroll</i>					
Father's Name <i>Not Known</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>J. H. Merrett</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General break down</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>
		Address
Accident or Suicide?		



Name
in
Full

William Gladstone Moore

CERTIFICATE OF DEATH

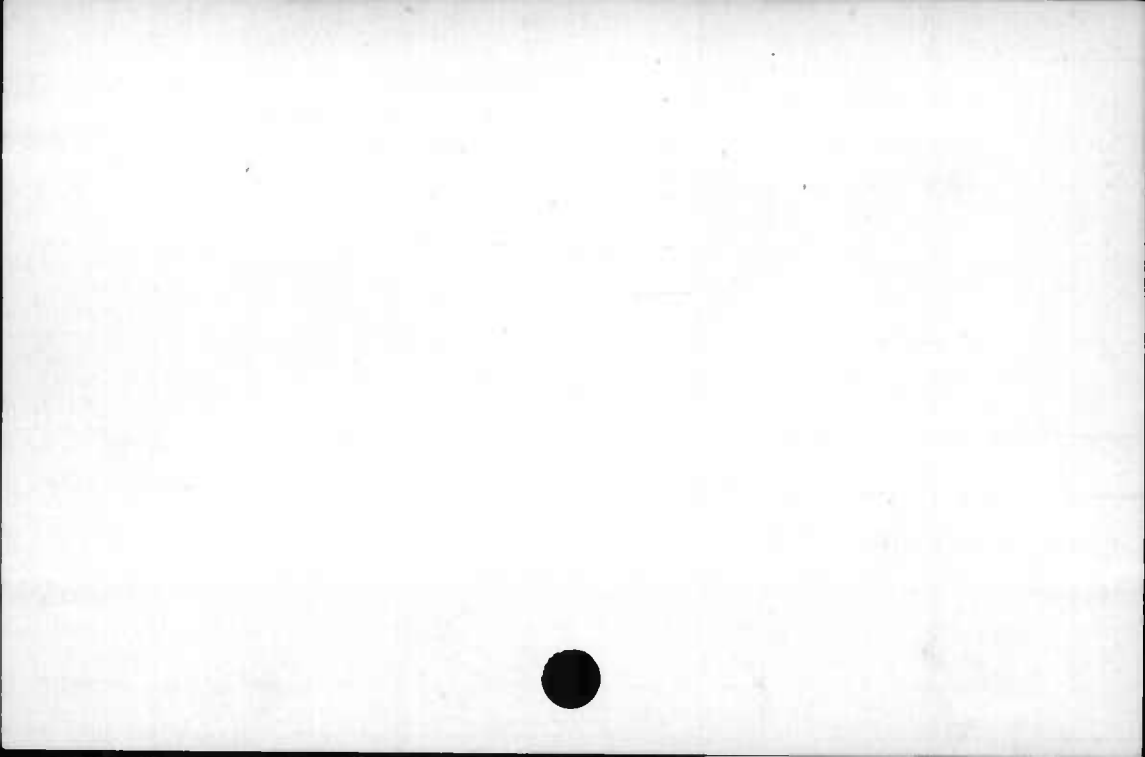
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Golden Hill		Dorchester		MARYLAND	
Date of death	1906	Month	Dec.	Day	15 th	Years	67
Sex	Male	Color or Race	White	Birthplace	Dor. Co. Md.		
Occupation	Trapper			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name				Basil Moore			
Mother's Maiden Name				Sarah Keene			
Name of person giving information				Wm J Moore			
Father's Birthplace				Dor. Co. Md.			
Mother's Birthplace				Dor. Co. Md.			
How related to deceased				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Eight days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Probably	
Signature of Physician		R. L. Linticum	
Address		Church Creek, Md	
Accident or Suicide?			



Name
in
Full

Unnie Parrington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hurler

Town

County

Dorchester

MARYLAND

Date

of death 1906

Month

Dec

Day

30

Age

Years

75

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

unknown

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Thos Parrington

Father's
Name

Steven Phillips

Father's
Birthplace

unknown

Mother's
Maiden Name

Dorothy Phillips

Mother's
BirthplaceName of person giving
information

Thos Parrington

How related
to deceased

First cousin

CAUSES OF DEATH

Primary

Paralysis

How long

Two months

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

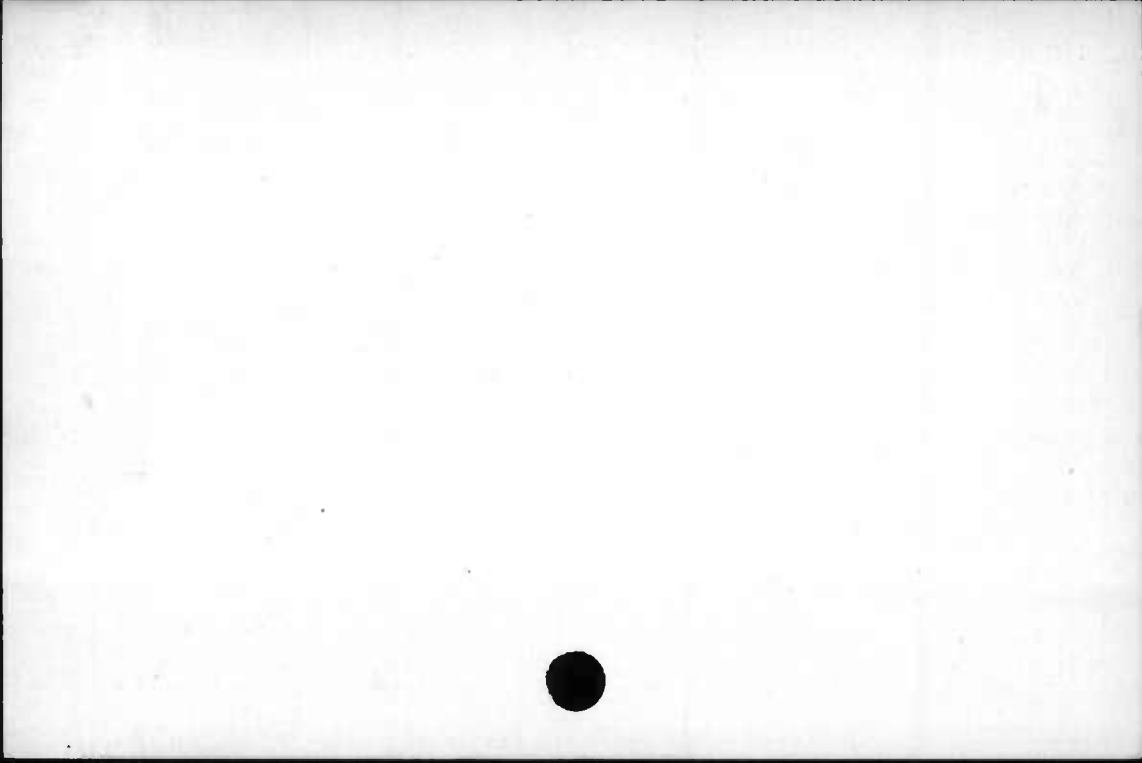
Address

Roger Myers

Haverhill, Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

Hamel Ann Pinder

CERTIFICATE OF DEATH

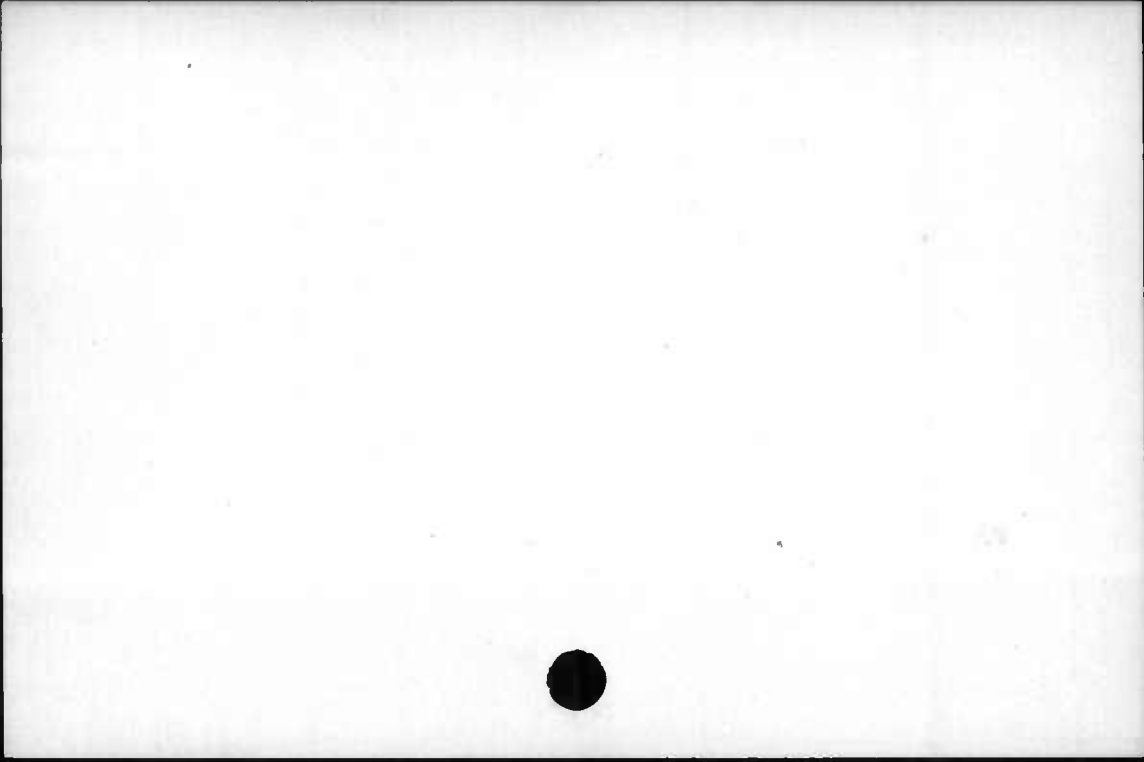
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hurlock</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>12</i> <small>Month</small>	<i>7th</i> <small>Day</small>	<i>67</i> <small>Years</small>	<i>7</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Dorchester Co</i>			
Occupation <i>Mail Wife</i>	Where Residing if not at place of death <i>Hurlock</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thos D Pinder</i>				
Father's Name <i>Muger Leffers</i>	Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Elmin. Nace</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>Thos D Pinder</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>6 months</i>
Immediate <i>Pulmonalis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Maguire</i>
	Address <i>Hurlock Md</i>
Accident or Suicide?	



Name
in
Full

James W. Phillips

CERTIFICATE OF DEATH

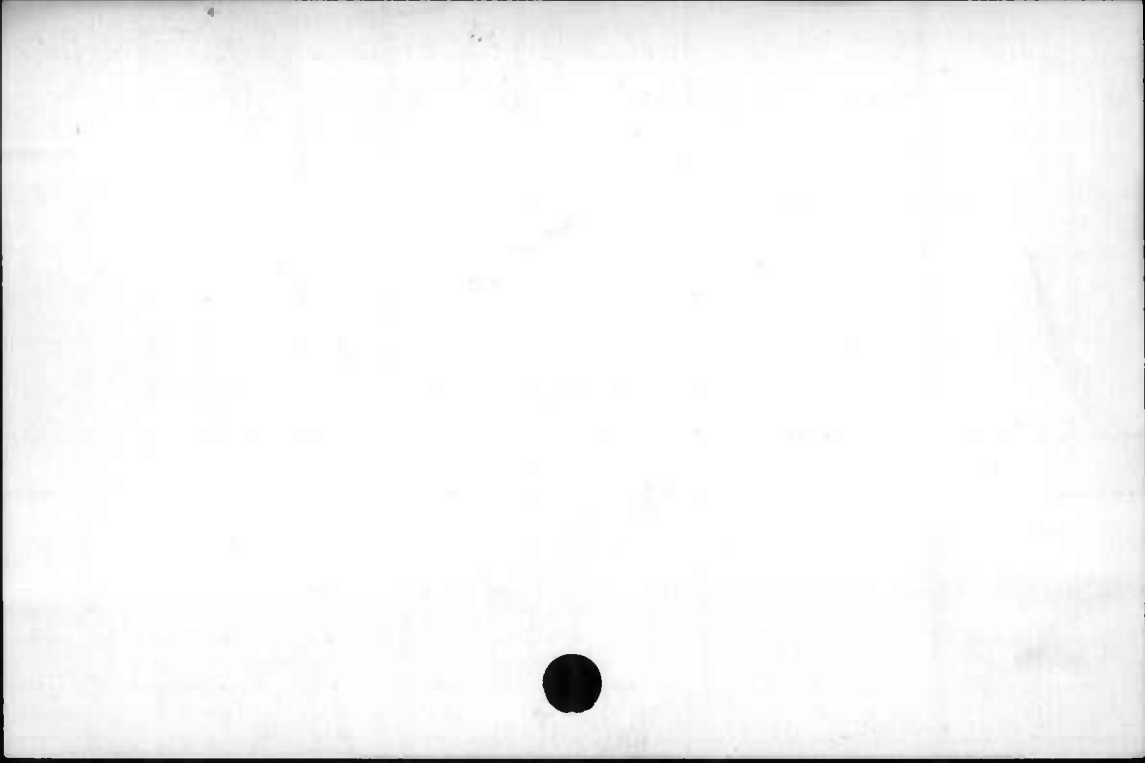
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1904	Month Dec.	Day 8	Age 7	Years	Months Days
Sex male		Color or Race White		Birth- place Maryland			
Occupation none		Where Residing if not at place of death Cambridge					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name John P. Phillips		Father's Birthplace Maryland					
Mother's Maiden Name Ida M. Myers		Mother's Birthplace					
Name of person giving In formation Mrs John W. Phillips		How related to deceased Grand Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pertussis & Measles	How long Some weeks
Immediate Congestion Lungs	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Signature of Physician Dr. G. A. Brown
	Address Cambridge Ma
Accident or Suicide?	



Name
in
Full

Augustus A. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Town Point</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1906	Month	Dec	Day	15
Age		64		Months	
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death <i>Town Point</i>		
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name	<i>Elizabeth Robinson</i>			Mother's Birthplace	
Name of person giving information	<i>Alpheus Robinson</i>			How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 or 7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>short while</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John M. ...</i>
		Address	<i>Cambridge</i>
Accident or Suicide?			

100



Name
In
Full

Lee Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Husleek		County Dorchester		MARYLAND	
Date of death		1906	Month 12	Day 3	Age Years	6	Months Days
Sex female		Color or Race B		Birth- place Husleek			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Louza Robinson				Father's Birthplace			
Mother's Maiden Name unknown				Mother's Birthplace			
Name of person giving In formation Hortega Robinson				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 days
Immediate		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. F. Maguire M.D.	
		Address Husleek Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		Mildred Ruth		Town		County		Died at		Thompsons Sta Parochial		MARYLAND			
Date of death		1906		Month		Day		Age		Years		Months		Days	
Sex		Female		Color or Race		White		Birth-place		Thompsons Sta					
Occupation				Where Residing if not at place of death											
Married, Single or Widowed				Name of Wife or Husband		Sue Ruth									
Father's Name		D. H. Ruth		Father's Birthplace		Md									
Mother's Maiden Name		Erie Smith		Mother's Birthplace		Md									
Name of person giving information		Sue Ruth		How related to deceased		Mother									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Weak lungs 6	How long	3 months
Immediate	Pneumonia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John M. [Signature]
		Address	Baltimore, Md
Accident or Suicide?			

100

C. 100



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

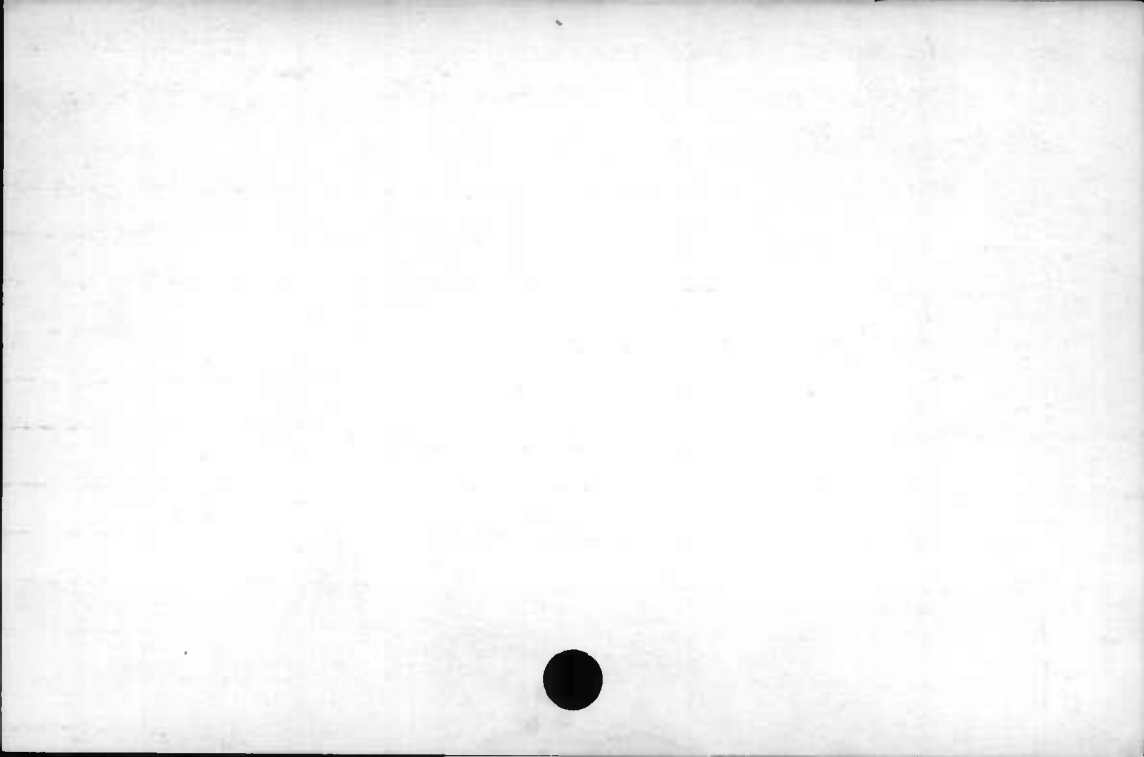
MARYLAND

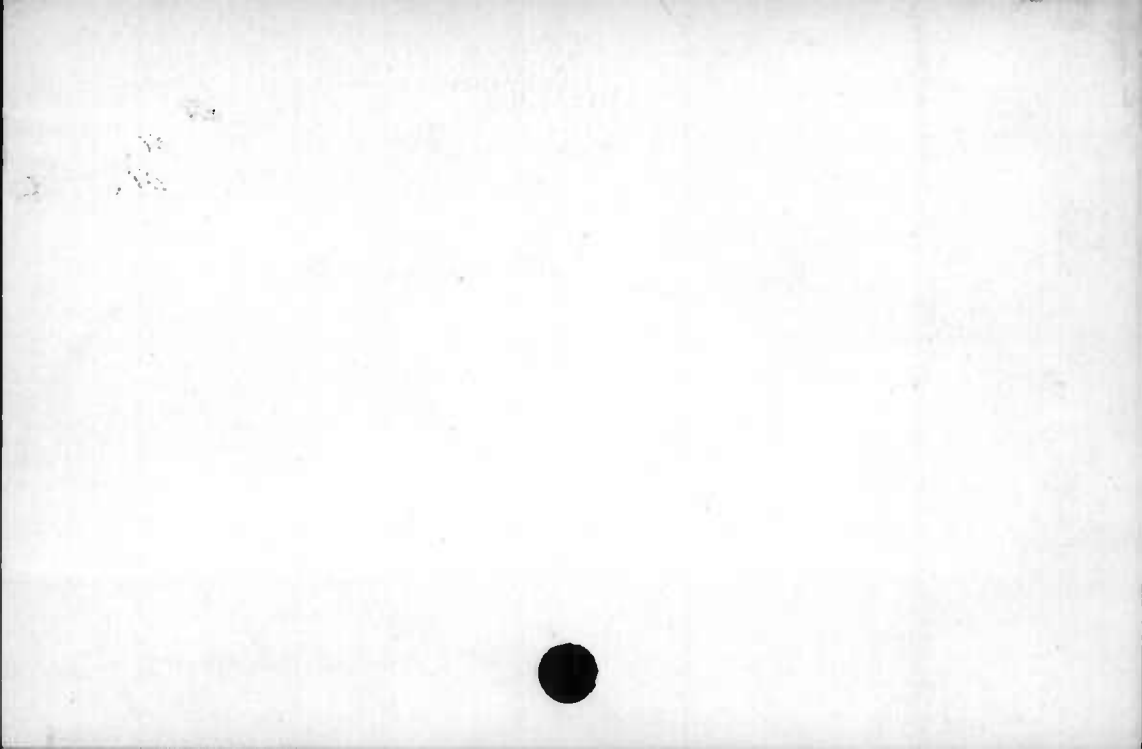
Died at <i>East New Market</i>		County <i>Sorchester</i>			
Date of death <i>1906</i>	Month <i>12</i>	Day <i>25</i>	Years <i>54</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wheeling W.V</i>		
Occupation <i>Doctor</i>		Where Residing if not at place of death <i>J</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Verina Palmatary</i>			
Father's Name <i>Wm Sayers</i>		Father's Birthplace <i>W.V</i>			
Mother's Maiden Name <i>Maggie</i>		Mother's Birthplace <i>W.V</i>			
Name of person giving information <i>H Wife</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>I don't know</i>	How long <i>I don't know</i>
Immediate <i>Acute Indigestion</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward S. Jones</i>
	Address <i>East New Market</i>
Accident or Suicide?	





Name
in
Full

Samuel W Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East New Market - Dorchester</u>		Town <u>Dorchester</u> County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>25</u>	Age <u>4</u>	Months <u>one</u>	Days
Sex <u>Boy</u>		Color or Race <u>Colored</u>		Birth-place <u>Dorchester</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>S. W. Thomas</u>			Father's Birthplace		
Mother's Maiden Name <u>Mary J. Demby</u>			Mother's Birthplace		
Name of person giving information <u>Father</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>do not know</u>	How long	<u>179</u>
Immediate	<u>yes</u>	How long	<u>179</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>none</u>
		Address	<u>none</u>
Accident or Suicide?		<u>Wm J. Abdell Jr</u>	

Indones

Name

in
Full

Francis Todd-

CERTIFICATE OF DEATH

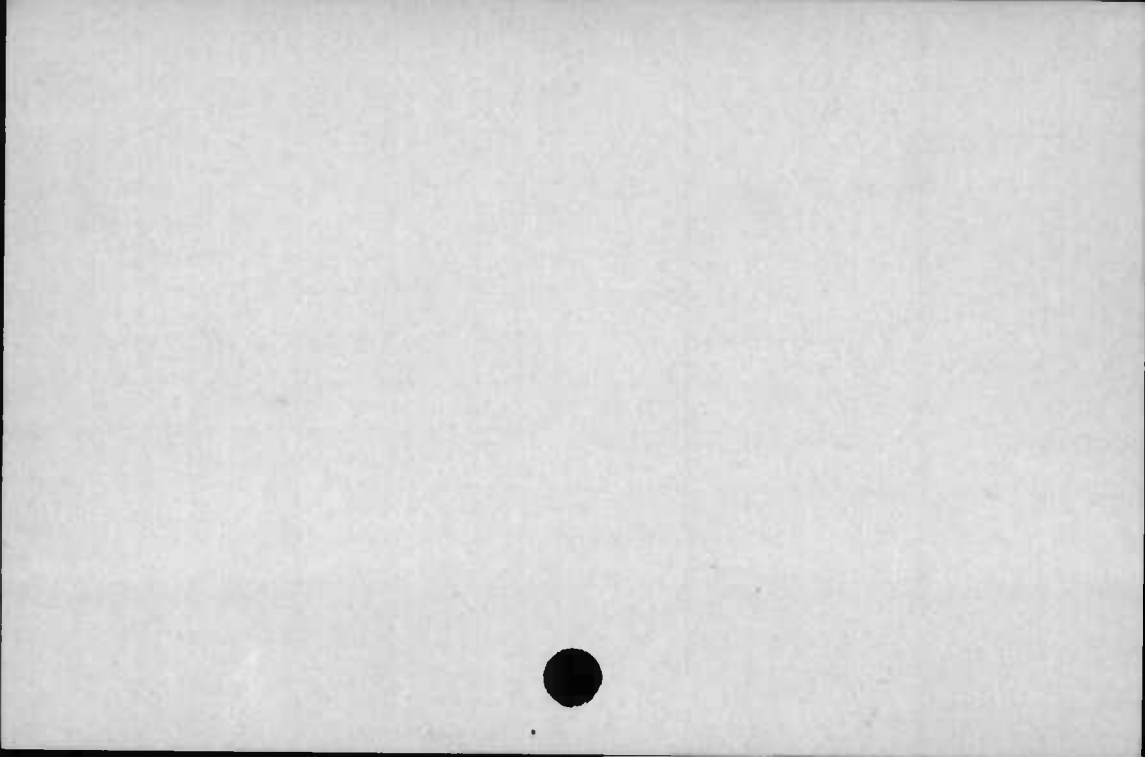
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Holland Island</i>		^{County} <i>Inchester</i>		MARYLAND	
Date of death	1906	Month	<i>Dec.</i>	Day	<i>28</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Years	<i>52</i>
Occupation		Where Residing if not at place of death		Months	<i>—</i>
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>William H. Price</i>		Birth-place <i>Holland Island</i>	
Father's Name <i>George Todd</i>		Father's Birthplace <i>Holland Island</i>		Mother's Birthplace <i>Adams Island</i>	
Mother's Maiden Name <i>Mary L. Todd</i>		Name of person giving information <i>Mrs. W. Tracter</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright Disease of Kidney</i>	How long	<i>3 years</i>
Immediate	<i>Uremic Poisoning</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>I believe so</i>		Signature of Physician <i>E. Gordon Vail</i>	
The above is correct as far as we can get		Address <i>Holland Island Md.</i>	
Accident or Suicide? <i>as we can get</i>			



Name
in
Full

Melvin E. Frego

CERTIFICATE OF DEATH

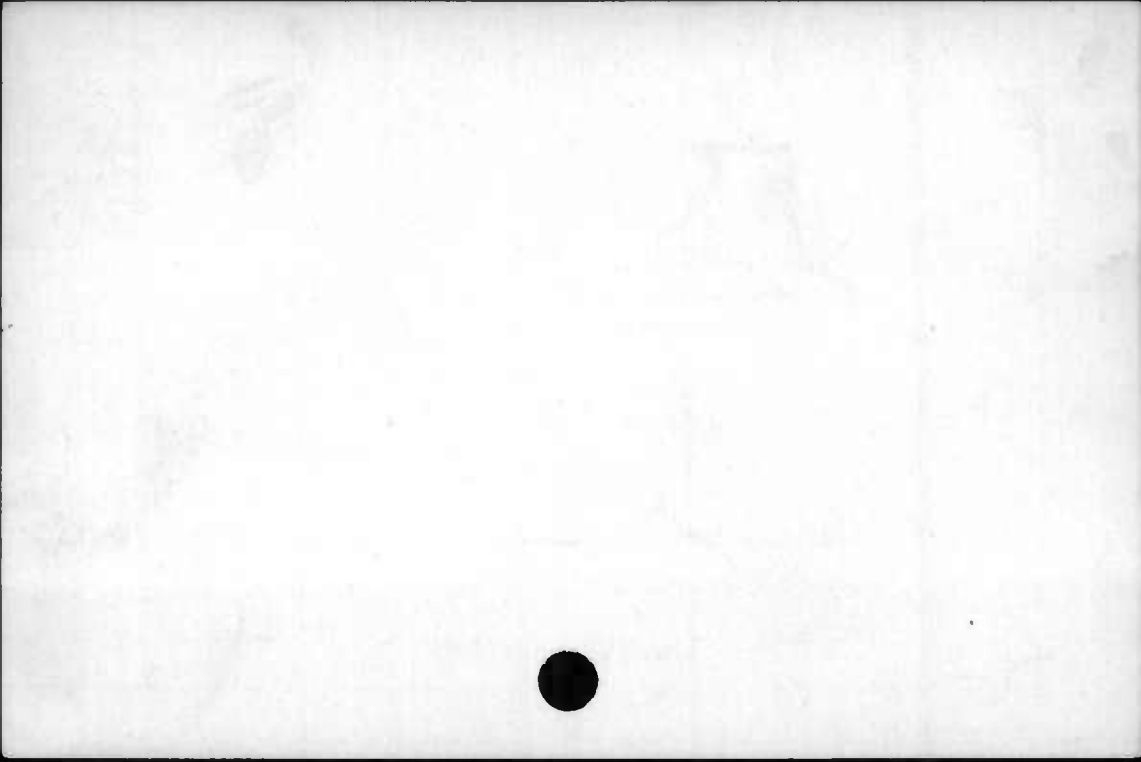
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec</i>	Day <i>14</i>	Years <i>5</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>American</i>		Birthplace <i>Cambridge</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm. G. Frego</i>			Father's Birthplace <i>Dorchester</i>		
Mother's Maiden Name <i>Katie O. Frego</i>			Mother's Birthplace <i>Falbot</i>		
Name of person giving information <i>Wm. G. Frego</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough & Pneumonia</i>	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Wolff</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

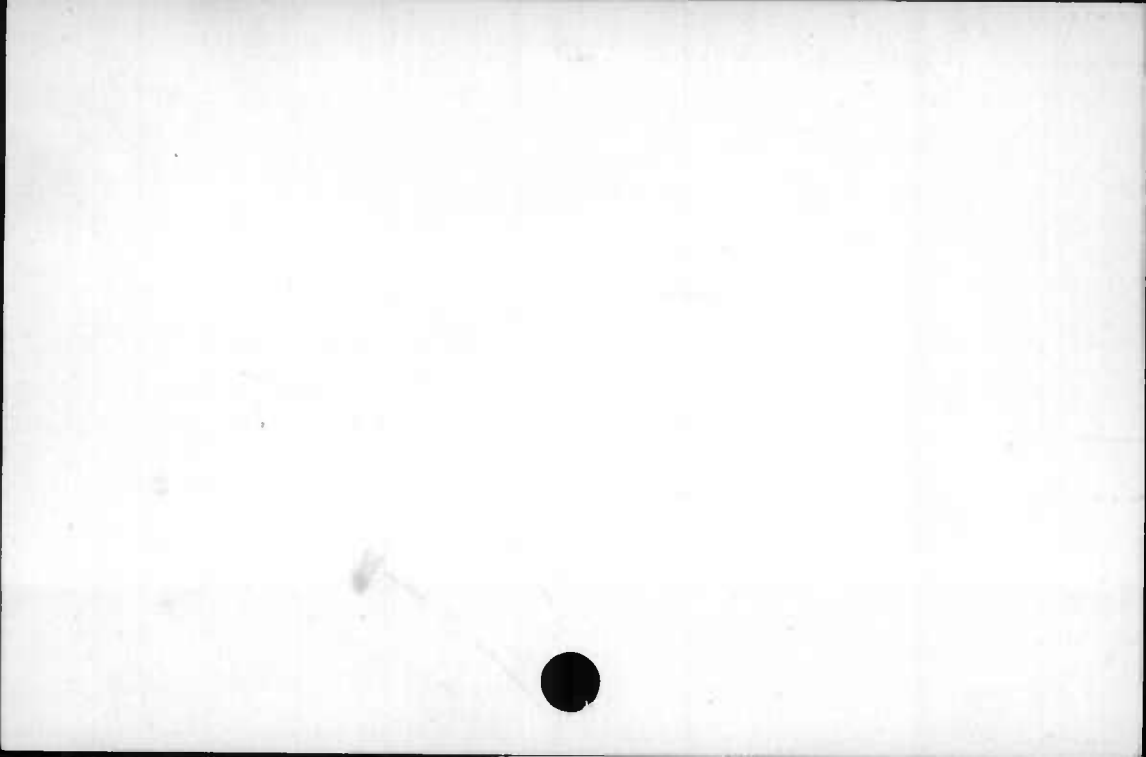
TO BE ANSWERED BY
NEAREST FRIEND

Name Martha J. Tyler		Town Cambridge		County Dorchester		MARYLAND	
Died at		Month Dec.		Day 19		Years 56	
Date of death		1904		Age		Months —	
Sex Female		Color or Race Colored		Birth-place		Maryland	
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband John W. Tyler					
Father's Name Cyrus St. Clair		Father's Birthplace Maryland					
Mother's Maiden Name Annetta W. Thomas		Mother's Birthplace "					
Name of person giving information W. M. St. Clair		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mania & Delirium	How long Some Years
Immediate E. Lauder	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	How long Some week
Signature of Physician <i>Dr. E. Lauder</i>	Address Cambridge, Md.
Accident or Suicide?	



Name
In
Full

Pauline E. Whaple

CERTIFICATE OF DEATH

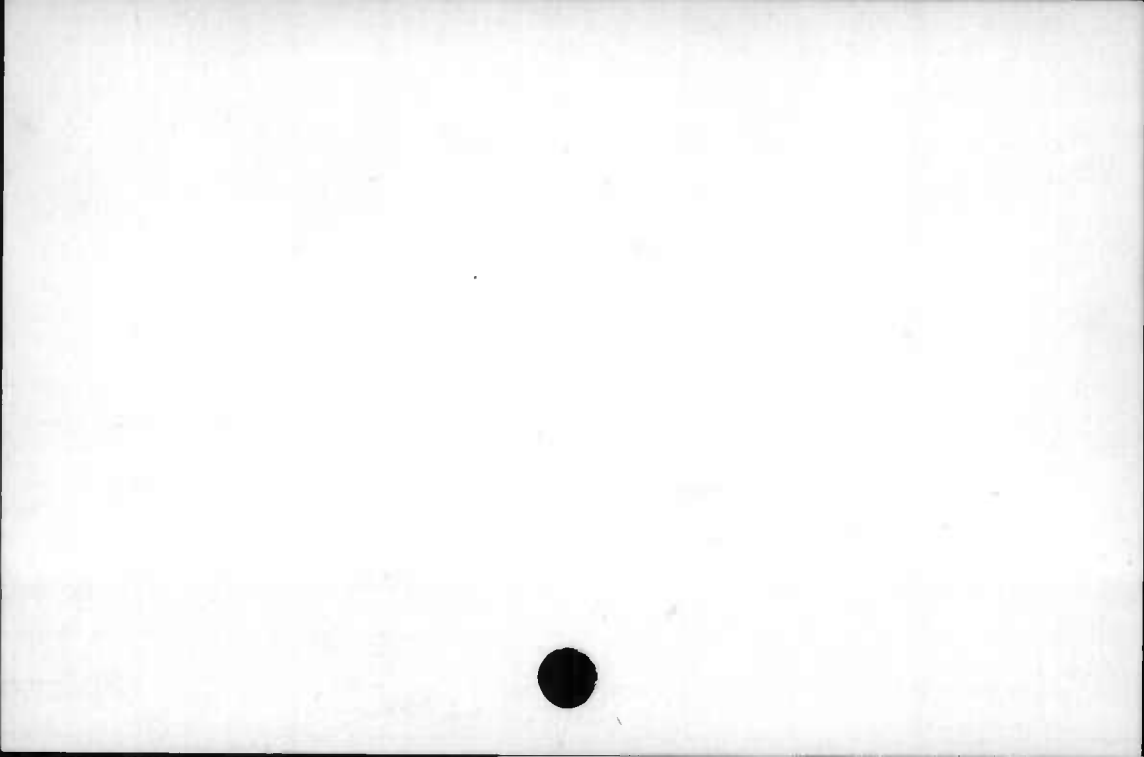
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec	24	2		10	4
Sex	female	Color or Race	White			Birthplace	Cambudgn
Occupation	Baby			Where Residing if not at place of death		Cambudgn	
Married Single or Widowed		Name of Wife or Husband					
Father's Name		Masley Whaple				Father's Birthplace	
Mother's Maiden Name		Ruby Whaple				Mother's Birthplace	
Name of person giving information		Mrs Oram				How related to deceased	
						non	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia + Capillary Bronchitis	How long	Some weeks
Immediate	Exhaustion	How long	17 or 18 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	B. M. Gola, M.D.		
	Address		
	Cambudgn, Md		
Accident or Suicide?			



Name
in
Full

Eliza Wilson

CERTIFICATE OF DEATH

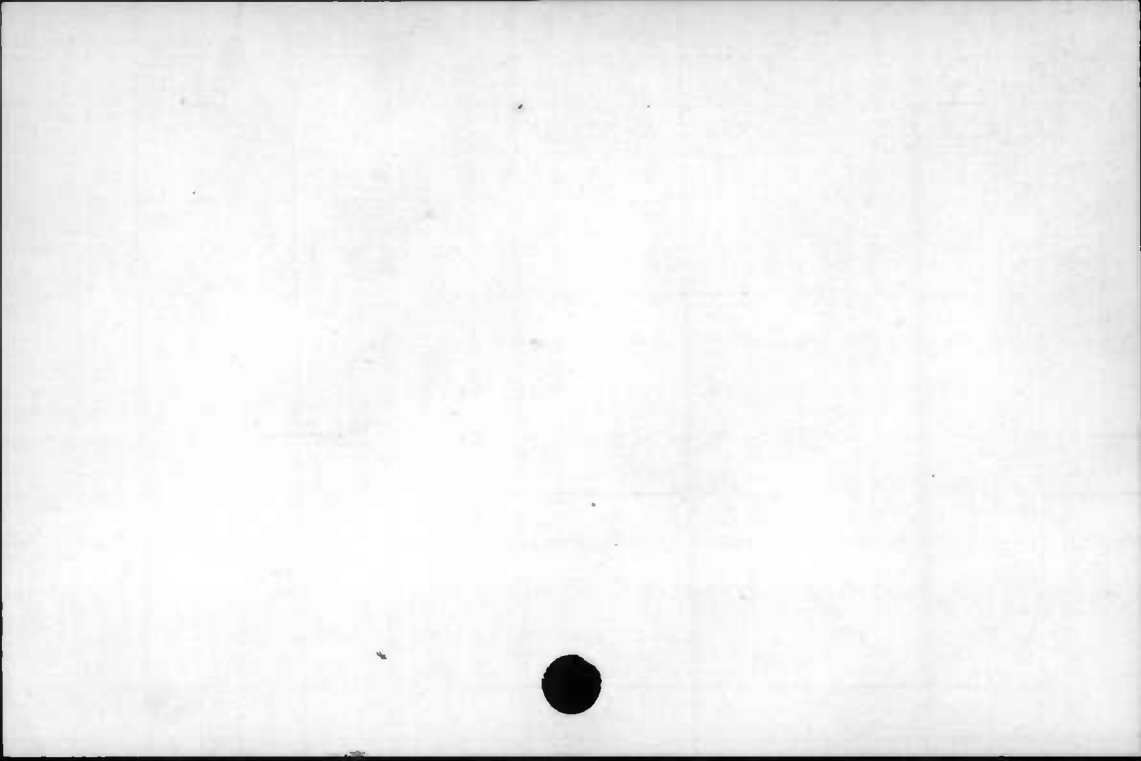
Died at *Meekins Neck* TownCounty *Dorchester*

MARYLAND

Date of death *1906 Dec* MonthDay *12*Age *69* YearsMonths *—*Days *—*Sex *Female*Color or Race *White*Birth-place *Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *Geo. A. Wilson*Father's Name *Benj. T. Philips*Father's Birthplace *Md*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *Wm Creighton*How related to deceased *Son-in-Law*

CAUSES OF DEATH

Primary *Chronic Diarrhea*How long *4 mo.*Immediate *Hypertatic Pneumonia*How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Jo. R. Shriver Jr.*Address *Taylor's Island*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cambridge		Dorchester		County		MARYLAND	
Date of death		1906		Deer		12 th		Age 62	
Month		Day		Years		Months		Days	
Sex		Male		Color or Race		Colored		Birth-place	
Occupation		Laborer		Where Residing if not at place of death		—			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Found dead on Road Unknown Cause.	How long
		How long

Immediate.

Are the zone, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

